

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT 2.4-B ADDENDUM
ELECTION FORM for THIRD PARTY ADMINISTRATORS or
ADMINISTRATIVE SERVICES ONLY ORGANIZATIONS**

For an entity acting as a third-party administrator (TPA)/administrative services only (ASO) organization, the following addendum to Attachment #2.4 must be filed for any electing direct payor clients, which are being **deleted** from the original election submission filed.

TPA Name:_____ **TPA Federal ID #:**_____

Contact Person:_____ **Phone #:**_____

DELETIONS:

List those organizations you represent, and are thus **deleting** from the original election submission. **List the legal name for all organizations, their federal ID #, termination date and contracted claims run-out date.** Attach additional sheets if necessary.

ORGANIZATION NAME (Legal Name)	ORGANIZATION FEDERAL ID #	TERMINATION DATE	CONTRACTED CLAIMS RUN-OUT DATE

By signature below, the TPA/ASO on behalf of the self-insured clients listed above, certifies that the original election certification is amended to reflect the terminated funds listed above.

Signature_____ **Date**_____

NOTE: If the appropriate forms (i.e. Attachment(s) 2.5, 2.6, 2.7, 2.8) for the organizations listed above are not attached, our election records will not be updated. Consequently, inaccurate election information will remain on record and will result in the generation of Public Goods Pool delinquency notices.